

2001

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

SICK CALL REQUEST

PART A: (To be completed by inmate)

Name: Clint Harrington Date: 9/16/18
County #: 64826

Service needed: Medical Dental Mental Health Other _____

Reason for Health Services Appointment: I would like to speak with Dr. or someone about weaning off Methadone a little at a time and come up with a treatment plan. Thank you! God Bless *Clint Harrington*

How long have you had this problem? Hours: _____ Days: 7

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply:

NOC

L. Mooren, LVN

Medical Staff Member's Signature

9/16/18
Date



2201



UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

SICK CALL REQUEST

PART A: (To be completed by Inmate)

Name: Clint Harrington

Date: 9/19/18

County #: 64826

Service needed: Medical Dental

Mental Health Other

Reason for Health Services Appointment:

Want to request a medical cell for a few days.

Also need Gulf Bond paperwork so I can get my meds.

How long have you had this problem?

Hours: 24

Days: 1

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply:

NOC
J. Pleasant, WR

Medical Staff Member's Signature

9/20/18
Date

2201

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

SICK CALL REQUEST

PART A: (To be completed by inmate)

Name: Clint Harrington Date: 9/21/18
County #: 64826

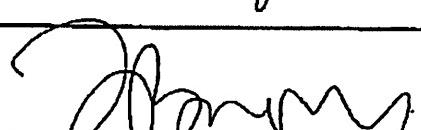
Service needed: Medical Dental Mental Health Other _____

Reason for Health Services Appointment: Anxiety, pain, shaky,

How long have you had this problem? Hours: 2448 Days: 2

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: Gulf Bend app sent Date: 09/20/18


Medical Staff Member's Signature

09/20/18
Date

2325

2201

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

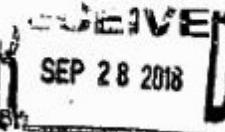
SICK CALL REQUEST

PART A: (To be completed by inmate)

Name: Clint Harrington

Date: 9/28/18

County #: 64826



Service needed: Medical Dental Mental Health Other _____

Reason for Health Services Appointment: Can't sleep; pain, anxiety

How long have you had this problem? Hours: _____ Days: 4

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: Gulf Bend appl. cont 09/29/18

Clint Harrington
Medical Staff Member's Signature

09/29/18 0145
Date

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

SICK CALL REQUEST

PART A: (To be completed by inmate)

Name: Clint Harrington

Date: 9/29/18

County #: 64826 / 2201

Service needed: Medical Dental Mental Health Other

Reason for Health Services Appointment: Cannot sleep, extreme pain & anxiety,
Cannot laydown or sit from pain caused from 2 back surgeries,
Shaking, tremors, restlessness PAIN. Please help me. Thank you God Bless.

How long have you had this problem? Hours: _____ Days: 5

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: _____

NSC

Karen

Medical Staff Member's Signature

9/29/18

Date

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

SICK CALL REQUEST

PART A: (To be completed by inmate)

Name: Clint Harrington

Date: 10/2/18

County #: 64826 / 2201

Service needed: Medical Dental Mental Health Other

Reason for Health Services Appointment: Toe nail ~~toe nail~~ ripped off.
Need band-aids

How long have you had this problem? Hours: 2 Days: _____

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: NSC

Kerr
Medical Staff Member's Signature

10/3/18
Date

202

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

2201

SICK CALL REQUEST

PART A: (To be completed by Inmate)

Date: 10-03-18

Name: Clinton Harrington

County #: 64826

RECEIVED
OCT 04 2018

Service needed: Medical Dental Mental Health Other _____

Reason for Health Services Appointment: Need a bigger shower
To shower in because claustrophobic from ptsd
Causes me to panic uncontrollably from the confined space

How long have you had this problem? Hours: _____ Days: _____

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: Seen at cellside 10/4/18 2140

G. Brumley

Medical Staff Member's Signature

10/05/18 00 30

Date

160

2201

UNIVERSITY OF TEXAS MEDICAL BRANCH
Comprehensive Health Solutions

SICK CALL REQUEST

PART A: (To be completed by inmate)

Name: Clint Hannington

Date: 10/3/18

RECEIVED
OCT 04 2018

Service needed: Medical Dental

Mental Health Other

Reason for Health Services Appointment: Extreme shaking. Can no longer take care of my own needs. Panics, affects, PTSD

How long have you had this problem?

Hours: _____ Days: 2

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply:

MH appt already scheduled

W. Hannington
Medical Staff Member's Signature

10/05/18 0025
Date